

Health,
Welfare
Public
Service

180
300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024870

STATE FILE NUMBER

FILED AUG 8 1958 Registration District No. 58 Primary Registration District No. 4091 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>CARTER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>CARTER</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>FREMONT</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN <u>FREMONT</u> 0180 Inside Limits 0 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR IN INSTITUTION <u>Residence</u> <u>10 years</u>				d. STREET ADDRESS (If outside, give location) Reside on Farm <u>FREMONT, MO</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>IVERSON Louis GRESHAM</u>				4. DATE OF DEATH Month Day Year <u>Aug 2 1958</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>1-11-1874</u>	
9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		100. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>CARTER County, MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13. FATHER'S NAME <u>GEORGE G. GRESHAM</u>			
14. MOTHER'S MAIDEN NAME <u>JULIA MISSOURI ANN LEACH</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			
16. SOCIAL SECURITY NO. <u>NONE</u>				17. INFORMANT Address <u>JOHN CHILTON, FREMONT, MO.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Bronchial Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>None</u> DUE TO (c) <u>None</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I:(a) <u>Generally debilitated General Debility, Malnutrition</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 Days</u>							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Not and Injury</u>							
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. <u>none</u>							
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>				20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>			
20f. CITY, TOWN, OR LOCATION <u>none</u>				COUNTY STATE			
21. I attended the deceased from <u>Feb. 11, 1954</u> <u>8/2/58</u> and lasted <u>xxxxxx</u> him alive on <u>8/2/58</u> Death occurred at <u>10:30 A</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Henry R. Rosy</u>				22b. ADDRESS <u>D.O. 2 Van Buren, Mo.</u>			
22c. DATE SIGNED <u>8/4/58</u>				23. DATE RECD. BY LOCAL REG. <u>Aug. 7. 1958</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>				23b. DATE <u>8-4-58</u>			
23c. NAME OF CEMETERY OR CREMATORY <u>GRESHAM CEMETERY</u>				23d. LOCATION (City, town, or county) (State) <u>CARTER County, MO</u>			
24. FUNERAL DIRECTOR <u>McSpadden</u>				25. REGISTRAR'S SIGNATURE <u>Mrs Oeta Henson</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED

AUG 7 1958

CARTER COUNTY
HEALTH CENTER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Allen C. McGee*.....

Licensed Embalmer No. *45*

P. O. Address *Van Buren*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If the body is not embalmed, the fact must be stated above.)
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.